

SERFF Tracking Number: CEUL-127045959 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 48089
Company Tracking Number: AR_MED SUPP REF CAL_2010
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2010 MEDICARE SUPPLEMENT REFUND CALCULATION FORM
Project Name/Number: 2010 MEDICARE SUPPLEMENT REFUND CALCULATION FORM /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: 2010 MEDICARE SUPPLEMENT REFUND CALCULATION FORM
SERFF Tr Num: CEUL-127045959 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 48089
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: AR_MED SUPP REF CAL_2010 State Status: Filed-Closed

Filing Type: Rate
Authors: Shaun Dillon, Elizabeth Tseng, Allie Zhou, Cindy Hu
Date Submitted: 02/24/2011
Reviewer(s): Stephanie Fowler
Disposition Date: 03/02/2011
Disposition Status: Accepted For Informational Purposes
Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 2010 MEDICARE SUPPLEMENT REFUND CALCULATION FORM

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/02/2011

State Status Changed: 03/02/2011

Deemer Date:

Created By: Allie Zhou

Submitted By: Elizabeth Tseng

Corresponding Filing Tracking Number:

Filing Description:

Reference: NAIC #61883 Central United Life Insurance Company

2010 MEDICARE SUPPLEMENT REFUND CALCULATION FORM

Central United Life Insurance Company has coinsured these Medicare Supplement blocks of business on April 1, 2005 from Life Insurance Company of Georgia (Jackson National). We are hereby submitting the MEDICARE

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SUPPLEMENT REFUND CALCULATION FORM for the year 2010 for both Pre-Standardized and Standardized Medicare Supplement coverage.

Based on the policy experience and comparison with industry benchmark, there are no refunds needed this time. Please see detail calculation attached with this letter, completed by Ashlee Borcan, FSA, MAAA, our consulting actuary with Wakely Actuarial Services, Inc.

Company and Contact

Filing Contact Information

Cindy Hu, Rates Supervisor chu@manhattanlife.com
Wortham Tower 713-821-6450 [Phone]
2727 Allen Parkway 713-529-9425 [FAX]
Suite 500
Houston, TX 77019-2100

Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas
Wortham Tower Group Code: 117 Company Type:
2727 Allen Parkway Group Name: State ID Number:
Suite 500 FEIN Number: 42-0884060
Houston, TX 77019-2100
(713) 529-0045 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$0.00	02/24/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	03/02/2011	03/02/2011

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Disposition

Disposition Date: 03/02/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central United Life Insurance Company	%	%	\$		\$	%	%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central United Life Insurance Company	N/A	%	%				%	%